

MIKE FOGARTY
CHIEF EXECUTIVE OFFICER



BRAD HENRY
GOVERNOR

STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

January 7, 2008

A Plus Medical Care of Oklahoma, Inc.
PO Box 1990
Edmond, Oklahoma 73034

RE: Provider #: 100811670

Dear Provider:

Based upon medical records submitted by your facility, the Oklahoma Health Care Authority has identified potential billing errors in regards to durable medical equipment. It appears durable medical equipment has been billed on behalf of members in excessive quantities and / or for excessive product pricing.

We reviewed claims for the HCPCS procedure codes A6257 (transparent film), A4232 (syringe with needle for external insulin), and A4230 (infusion set), billed by your facility and have attached a list of those claims in which a potential overpayment has occurred.

Member files submitted were inconsistent regarding the existence of physician orders and therefore were not considered in our review; however it should be noted for those that existed, quantities billed were, in many cases, in excess of those indicated on the physician's orders.

Please review the attached list and if you disagree with these findings you may request an informal reconsideration concerning your services. This request should include any and all documentation necessary to substantiate your claims regarding billings. Documentation submitted for reconsideration should not be altered or created. **Send your request within 20 days of the receipt of this letter to: Oklahoma Health Care Authority; Attn: Tami Nab; 4545 N. Lincoln Blvd, Suite 124, Oklahoma City, OK 73105.**

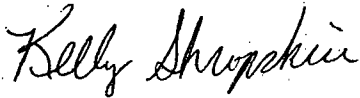
Please review the list to determine its accuracy and if you concur, remit a check for the total overpayment noted on the report or request that a recoupment be made from future Medicaid reimbursements. Please complete the attached Provider Refund form and forward to the OHCA with your check or request for recoupment. Your check should be sent to:



Oklahoma Health Care Authority
Attn: Tami Nab
4545 N. Lincoln Blvd, Suite 124
Oklahoma City, OK 73105

If the OHCA has not received either a check or a formal request for an informal reconsideration within twenty (20) days, a recoupment will be made from your current Medicaid billings. If you have any questions regarding the schedules, please contact Tami Nab in the Management and Audit Services Division at (405) 522-7671 or email Tami.Nab@okhca.org. Any other questions should be directed to Christopher Bergin from the legal division, who can be reached at (405) 522-7340.

Sincerely,



Kelly Shropshire, CPA
Audit Projects Manager

Attachments

Provider Refund Attachment

TO: Oklahoma Health Care Authority
Attn: Tami Nab, Program Integrity and Planning
4545 N. Lincoln, Suite 124
Oklahoma City, OK 73105

FROM: Provider Name: _____
Medicaid Provider Number: _____

RE: Medicaid Overpayment for Durable Medical Equipment Claims

Overpayment Amount: \$ _____

☐ *Withhold overpayment amount from future Medicaid payments.*

☐ *Attached is a check for the full amount of the overpayment.*

Signature of Owner or Administrator

Date